Notice of Personal Service Setting Operation

The Personal Service Settings Regulation 136/18 made under the Health Protection and Promotion Act R.S.O. 1990 Ch.7 outlines operational requirements for personal service settings. Effective July 1, 2018, all operators of new and existing personal service settings must register their businesses with Public Health.

Public Health must be notified in writing prior to:
1. Opening a new personal service business
2. Adding services to existing businesses
3. Beginning renovations to existing businesses


This form may be faxed to Wellington-Dufferin-Guelph Public Health at 519-836-7215 (attention: Melissa Quartarone), or emailed to PHI.Intake@wdgpublichealth.ca.

Business Information

| Business Name: |  |
| Legal Name: (If different than above) |  |
| Business Address: | Phone: |
| City: | Postal Code: |
|  | Public Location   | Home-based Business |

Water Supply: Municipal   Private If private, water treatment is present: Yes No

Services Offered:

- Barbering
- Ear Piercing
- Facials
- Laser Hair Removal
- Microblading
- Tattooing
- Other:

- Body Modification
- Electrolysis
- Fibroblast Treatment (Plasma Skin Tightening)
- Make-up
- Microneedling
- Waxing

- Body Piercing
- Eyelash Services
- Hair Cutting
- Manicure/Pedicure
- Tanning
### Owner and Operator Information

<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Operator Name</th>
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Do you belong to a regulatory college: [ ] Yes [ ] No

Name of College:  

<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Operator Name</th>
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Do you belong to a regulatory college: [ ] Yes [ ] No

Name of College:  

### Operational Information

[ ] This is a new business (notice must be provided **at least 14 days** of anticipated opening)

Expected opening date: _________________________________


[ ] This is an existing business

[ ] This is an existing business with planned renovations (notice must be provided prior to the anticipated start of renovations/construction and at least 14 days prior to renovations if business will be closed)

Expected date of renovations: _________________________________

Business will be operational during renovations: [ ] Yes [ ] No

[ ] This is an existing business planning to add services (notice must be provided at least 14 days prior to offering new service)

Type of new service(s): _________________________________

### Office Use Only

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<tr>
<th>Facility Category:</th>
<th>Facility Number:</th>
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Category Style:  

<table>
<thead>
<tr>
<th>PHI Responsible:</th>
<th>Date Requested:</th>
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Date confirmation sent to assigned PHI:

The information on this form is collected under the authority of the **Health Protection and Promotion Act** in accordance with the **Municipal Freedom of Information and Protection of Privacy Act** and the **Personal Health Information Protection Act**. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.